PHILADELPHIA MEDICAL TIMES.

SATURDAY, SEPTEMBER 26, 1874.

ORIGINAL COMMUNICATIONS.

POISONING BY CARBOLIC ACID.

BY W. H. WINSLOW, M.D.,
Baltimore.

A MAN, æt. 48 years, of most hardy constitution, took before breakfast, by mistake, about five grains of crystallized carbolic acid, dissolved in fʒij of water. He immediately experienced a burning sensation in the throat and stomach, much vertigo and nausea, with retching, but could not vomit. He looked pale, had hyperæmia of the fauces, a pulse of 90 per minute, and said he felt cold and nervous. He was given a tumblerful of fresh lime-water, and an emetic of tartrate of antimony and potassium and pulv. ipecac. No result followed. The nausea and vertigo continued, but the patient, having recovered from his fright, went to his daily labor. Symptoms continued about the same till 2 P.M., eight hours after the accident, the giddiness interfering somewhat with his working, and the nausea preventing him from eating his dinner. Free emesis then took place, which ameliorated his nausea, but the burning in the gastric region and the vertiginous trouble persisted till the following day. From the smallness of the dose and the rapid action of the drug, it is evident that the symptoms were caused by peripheral irritation of the vagi and the sympathetic nerve fibres. This affected the heart by reflex action, as the pulse did not decline till perfect recovery. The acid could not have injured the mucous membrane much, if any, and though by irritation nausea was excited, yet its anæsthetic effects were clearly demonstrated in the stomach's resistance for many hours to the large emetic given, which acted freely when time had abated the anæsthesia.

Among the different qualities of carbolic acid manufactured, none is more disagreeable and acrid than Calvert's No. 4. It is a reddish, oily, pretty fluid, of most disgusting odor, put up in blue bottles and having printed directions for use, and was the preparation most commonly used for disinfecting purposes during the recent epidemic of variola. Many families in my neighborhood kept receptacles of this acid exposed about the house, and one lady had an uncorked bottle, containing about a fluidounce, suspended to a chandelier in the dining-room. During house-cleaning time this bottle was taken down and placed upon the table, where a hearty two-year-old child found it, about 10 A.M., and swallowed about fʒij of the contents. He immediately dropped the bottle, screamed, and fell upon the floor. His mother, taking in everything at a glance, picked him up and ran into an apothecary-store next door. The person in attendance forced the patient to drink about fʒiv of lime-water and fʒi of olive-oil, when insensibility supervened. I saw him ten minutes afterwards. He was in profound coma, with general sensibility totally abolished. The surface was pallid, and bedewed with copious perspiration. The limbs were flaccid, the eyelids were closed, a bluish, pinched expression rested about the lips and nose, the alæ moved excessively, the lower jaw was dropped, and a white, frothy saliva, which filled the fauces, ran freely from the oral cavity. The pulse was soft, feeble, and irregular, at 160 a minute; the respiration was labored, irregularly jerking, stertorous, and hissing, 70 times a minute; the mucous membrane of the fauces and tongue was white, and patchy with marginal streaks of capillary injection; the pupils were widely dilated, and irresponsive to light. He was not able to swallow a few drops of milk placed upon the base of the tongue: therefore the latter was pulled well forward, and a teaspoonful of olive-oil was emptied into the pharynx. This was immediately ejected, with much frothy mucus, and an alarming suffocative attack followed. This dose was repeated several times, with like result. An emetic was rejected, and apomorphia could not be obtained. Occasional shudders ran over his body, followed by slight clonic convulsions of the muscles and most alarming and prolonged spasms of the glottis, during which cyanosis became very deep and life seemed about to terminate. Any attempt to administer anything per orem, or to clear the throat of mucus by a cloth, wet with iced port-wine, upon the finger, excited the distressing and dangerous spasm of the glottis and a general convulsion. The condition was distinctly tetanoid, and squeezing the hand firmly, fanning him violently, and applying a cold cloth to his head, each separately caused an attack of the convulsions. Upon severe irritation (the prick of a pin) the same result occurred; but no other signs of sensibility could be elicited; thus proving that the poison more profoundly affected the sensorium, or the whole cerebrum, than it did the spinal axis.

Considering all the circumstances, it was not deemed advisable to try to use the stomach-pump. Turpentine injections were administered, large mustard-plasters applied over the trunk and inferior extremities, and the throat was cleared by a cloth over the finger. So alarming and prolonged was one of the suffocative attacks, and so deeply cyanosed was the surface, that I thought laryngotomy might afford some relief; but, my friend Dr. Cleeman, who gave me the benefit of his mature judgment, not agreeing, and the spasm yielding just when it seemed life must go, the idea was abandoned.

The poor child lay in this unsatisfactory condition, with no apparent improvement, for two and a half hours. Occasionally the perspiration would increase greatly in quantity upon the face and breast, and then evaporate, to be renewed again in drops, which grew under the eye. Soon after the application of a fresh sinapism to the abdomen, he slowly returned to consciousness, pushed and pulled at the plaster, and called "mamma" faintly. During the next few hours he took considerable powdered chalk and sugar, white of egg, iced port-wine and milk, and had a most ravenous appetite.

At 6 P.M., eight hours after the accident, he ate

a large slice of bread-and-sugar, and talked intelligently to the anxious ones around. The profuse salivation had disappeared; the pulse was soft, full, but jerky, at 160 a minute; the respiration was 55, dry and whistling, and the child was restless and of fitful temper. Urine and fæces, without any mucus or blood, were voided at 7 P.M., and the only danger apprehended was that of extension of the existing laryngitis. He was kept in a steamed atmosphere, and during the evening was apparently comfortable. There was no fever, the skin was moist and cool, respiration softer, at 48 a minute, and pulse at 150, with nothing remarkable in his general appearance.

Up to 11 P.M. he had occasional naps of disturbed sleep, then would lie with eyes half open, mumbling. When his mother put him into bed, he said, distinctly, but hoarsely, "I want a drink of ice-water." From this time to 4 A.M. he had some sleep, but was restless, and moved about often in the bed. At this time the face was pale, and pupils normal; the pulse and respiration were unchanged, except that the glottis was kept closed after inspiration, until the air apparently forced it open with an audible grunt. There was no tympany or tenderness of the abdomen, and no anæsthesia or paralysis of motion. There was no attempt to vomit, from first to last. A large fecal evacuation, containing mucus and a curdy material (undigested milk) without blood, had occurred at 3.15. The urine was heavy, but normal.

After 4 o'clock in the morning, a change took place. The patient's skin became dry, and had the pungent heat so characteristic of scarlatina. He became restless, whined and moaned, and talked hoarsely and incoherently, shrank from the light, and pulled at his head with both hands, as if to remove some offending object. The pulse rose to 170, and the respiration to 50 in a minute. His movements were peculiar and remarkable. He would crawl upon his hands and knees from one side to the other of the bed, then up to the pillow, where he would lie a moment, then he would move down in the bed and pull the clothes over him, only to kick them off and to begin his journeying again; all the time moaning and muttering unintelligibly. The respiration was now altered in rhythm, becoming more irregular; a few mucous râles could be heard in the lungs, but there was no change in the rough, hissing sounds as the air passed the glottis, and only slight obstruction to the respiration. The eyes moved from side to side and upwards incessantly. No squints, twitching of the facial muscles, or grinding of the teeth occurred. Isolated muscles jerked spasmodically, and tendons sprang into prominence and then disappeared. The thumbs were flexed into the palms.

In spite of active measures adopted to combat a supposed meningitis, the symptoms grew rapidly worse. The respirations became shallow and more irregular; the pulse rose beyond counting; the eyes became quiet and glazed, the limbs motionless, and coma profound. He died quietly from failure of the respiration, the heart beating some moments longer, at 6 A.M.,—twenty hours after the ingestion of the poison. No post-mortem was permitted.

In Dr. H. C. Wood's work on Therapeutics, Materia Medica, etc., carbolic acid is said "to produce muscular weakness primarily, then tremblings and restlessness, and finally convulsions; which latter are epileptiform, and originate at the base of the brain." This little patient first fell down. Was it from muscular weakness, or shock? I think from both. Dr. King's case fell down immediately, never to rise again. The shock would, of course, cause muscular weakness. Tremblings and restlessness would necessarily accompany a moderate shock, though none were noticed in this child's early condition. Convulsions followed very soon, and were prolonged and severe. I believe it is now settled that from carbolic acid poisoning the convulsions are of cerebral, not spinal, origin. The rapid pulse and respiration are accounted for by the peripheric irritation of the pneumogastric nerves, and the profuse diaphoresis by the vaso-motor paralysis.

The terrible shock of the morning evidently produced no serious lesion of the nerve-centres, or effusion within the cranium. Perforation or severe inflammation of the stomach did not take place. There was not any serious obstruction to respiration. Up to 4 A.M. there were no symptoms to indicate danger, more than when the patient first recovered consciousness,—certainly no signs of progressive effusion. If there was meningitis finally, it seemed too mild to terminate life so soon. In the first period there was shock, then a prolonged and extraordinary term of quiescence, then a second explosion, which terminated life. Some cases are said to die of "secondary shock." I believe that to have been one, at least, of the causes of death in this case. The long period of repose was due to the drug's anæsthetic properties, but as soon as that effect had passed away a "secondary shock" occurred, which produced vaso-motor paralysis, cerebral effusion, and death.

ON THE TREATMENT OF ASCARIS OXYURIS.

BY SAMUEL S. BOND, M.D.,
Washington, D.C.

ALTHOUGH no single drug, or combination of drugs, can be reckoned as a specific for all varieties of intestinal worms, yet there are remedies whose action is almost that of a specific, as, for instance, the combination recently published in the *Druggist's Circular* by Mr. Schafhirt, and since copied into most of the medical journals, for the entire destruction of the tapeworm, and the oil of male fern, turpentine, and more especially santonin, for the lumbricoides; and though each of these remedies sometimes fails of the object, nevertheless we generally succeed in expelling the tormentors by the administration of one, where another has previously proved ineffectual. I think that in the case of lumbricoides, santonin seldom fails in its action.

I use it almost exclusively, and have greater confidence in it than in any other single remedy; but, while this and the many other remedies are so generally successful in expelling the larger worms which infest the small intestines, there are no remedies laid down in our text-books that we can rely upon for permanent relief from the annoyance of those terrible tormentors, the oxyuris.

Much has been written and many investigations have been made regarding these pests, and yet, either from a mistaken theory in regard to their exact residence in the intestinal canal, or an improper mode of application of the proper remedy, or inability to select the proper remedy, real cures are less often effected and less confidently looked for in this than in any other variety of intestinal worms.

The employment of bitter injections, especially quassia and aloes, with the administration of senna and sulphate of magnesium, separately or combined, has, in most cases, afforded relief for a limited period, but has utterly failed to cure the affection permanently.

Very recent writers adhere to the long-entertained opinion that the oxyuris infests only the lower portion of the large intestine. But a single writer, so far as I have been able to ascertain (Dr. Cobbold), locates the residence, or, as he expresses it, the head-quarters, of these worms high up in the colon, even the cæcum. I am inclined to accept this theory, for, as the doctor says, "if they were confined to the rectum the injections would afford permanent relief." Such we know, however, is not the case; partial relief only is obtained for a limited period, which period I take to be merely the time required for the oxyuris from above to migrate to the lower bowel in quantities sufficient to call attention to their presence there.

While in the drug-store of Mr. Schafhirt, several months ago, he remarked to me that the compound syrup of asarum was found in a great number of my prescriptions, and inquired if I had ever noticed its effects upon the oxyuris, stating at the same time that he had accidentally discovered it to be an excellent remedy for them.

At that time I had never noticed the effect he claimed it produced, and I observed that the fact, if fact it was, was entirely novel to me.

I had been a sufferer myself from these pests for many years, but for a long time had ceased to use remedies for the purpose of trying to get rid of them, having failed to obtain permanent relief so frequently before. Bearing in mind the remarks of the druggist, I recollected that for several months past I had not been annoyed as usual by these worms, and that about the time of their disappearance I had used a considerable quantity of the compound syrup of asarum in mixtures I was then taking for a cough. This disposed me to consider the subject as worthy of future observation and investigation.

Having among my families many children and a few adults annoyed with these worms, I resolved to test the remedy and give the drug a fair and thorough trial in a number of cases. The results of my experiments have proved far more satisfactory and gratifying than I had anticipated, and I am thoroughly convinced that it is a valuable and reliable remedy, far more so than any other drug I have ever used for the same purpose, exhibiting in its action an almost specific effect.

I have used it now for many months, and with very decided benefit in many cases, the worms so far having failed to reappear. With quite young children I usually administer it in the form of the compound syrup, as prepared from the non-officinal formula of Dr. C., while for older children and adults I use a strong infusion, or give it in substance, in some cases the patients chewing it as they would liquorice-root, as much as half an ounce daily.

I usually commence the treatment by evacuating the intestinal canal by means of a cathartic, and generally follow with senna, using also nightly, for two successive nights, injections of a cold infusion of quassia, after which the internal use of the asarum for a week or ten days usually effects a cure.

Should the remedy prove as successful in the hands of others, and its anthelmintic character be established, it will supply a want which has long existed, being so devoid of danger in its nature that it can be freely administered to persons of every age and condition, and its cheapness bringing it within the means of the most indigent, while its pleasant aromatic taste renders it acceptable to children, when more nauseating medicines would be with much difficulty swallowed.

This experience is given to the profession in the hope that others may be induced to test the subject and state the result through the medical press.

ON THE MODE OF APPLYING ESMARCH'S APPARATUS, AND A FURTHER MODIFICATION OF IT.

BY W. W. KEEN, M.D.

LANGENBECK* and Mears† having reported some cases of paralysis from the use of Esmarch's apparatus, I desire to call attention to the fact that the bandage, and especially the tubing, if used, is generally applied *too tightly*. This is to be attributed to the facts that we all desire to be on the safe side, and *surely* to arrest the hemorrhage, and also that errors attend the earlier use of every apparatus,—errors which time and experience correct. In this case, in the desire to arrest the bleeding we may easily go too far, and, by applying the bandage too tightly, produce paralysis. One indication will show us whether the bandage is tight enough,—viz., if the skin remains blanched. It will be seen at once that if the arteries are not compressed the apparatus will act as the fillet in the ordinary operation of bleeding,—producing a dusky skin and turgid veins. Feeling for the pulsation of the arteries is not necessary, for the condition of the skin is a better indication.

The loosest application of the bandage that will

* Amer. Jour. Med. Sci., Jan. 1874, pp. 551–3.
† Phila. Med. Times, Aug. 15, 1874.

blanch the skin and keep it so is the best; and, in fact, I have found that with almost every new case I have used it more and more loosely.

Even if the bandage has been applied properly, when we come to apply the tubing the tendency and the temptation are to too great tightness. The tubing need not and ought not to be any more tightly applied than the bandage itself. Its narrowness and greater rigidity expose the nerves to greater risk of mechanical injury; and hence the modification proposed by Langenbeck and Mears, to substitute a second bandage narrower than the first, is an excellent one. But even with this, as Dr. Mears has shown, the pressure may be too tightly applied.

The broader the band, the more diffused is the pressure and the less is the danger, even if the pressure be too great; and it occurred to me that the apparatus could be simplified still further and at the same time made safer by using *only* the first broad bandage (two and a half inches wide). Accordingly, in using the apparatus, a few days since, for the removal of a fragment of iron from the lower part of the fore-arm of a muscular man, I tried this method, as follows, and with complete satisfaction. I applied the bandage nearly up to the elbow, using but little more force than is needed in ordinary bandaging; then taking hold of the lower end of the bandage I unwound it from below, but little force being required to pull one turn from beneath the next; and when it was all unwound except the last three turns I simply tied the ends together. The skin remained blanched; the operation was absolutely bloodless till the bandage was removed, although the arteries were so deep in a muscular fore-arm and the bandage not tightly wound. No paralysis followed. In these operations for the extraction of foreign bodies, as Brandis has pointed out, the method finds one of its happiest applications.

RESECTION OF THE TIBIA AND FIBULA AT THE JUNCTION OF THE MIDDLE AND LOWER THIRDS.

BY A. TREGO SHERTZER, M.D.,

Baltimore, Md.

ON the 23d of March last, I was summoned to see Mrs. H., aged 51, who had been run over by a large, heavily-loaded lager-beer wagon, producing a compound comminuted fracture of the right leg. Before I saw her, two physicians had seen her and advised amputation, and I was sent for to perform the operation. Upon a careful examination, I decided to resect, and sent for my friends Drs. Andre-Cathell and Taylor, who kindly assisted me in the operation. After the patient was chloroformed, I made a longitudinal incision, seven inches in length, along the outer side of the anterior portion of the tibia, and removed forty-seven fragments of bone, and, with a strong pair of bone-forceps, I cut off the four ends of the broken bones, leaving a space of fully three inches in which there was not a particle of bone. After cleansing the wound, I united it with silver sutures, using no adhesive plaster whatever, and had it firmly packed in a bran-box, which I had made for the purpose, as follows. The outer and inner sides were made of thin board, extending from the upper portion of the thigh to the foot, with a slanting foot-board, to which I secured the foot, while the bottom was firmly closed with canvas; three narrow strips screwed over the top—one at each end and one in the middle—held it firmly together. The limb being placed in the box and well packed with bran, it could not move, and the bran could easily be removed and replaced as it became soiled, while at the same time the patient could sit up in bed. After five months she was able to walk on crutches, and is now able to walk alone, the limb being nearly one inch shorter than the other one. The wound healed without difficulty, under a dressing of sweet oil, glycerin, and carbolic acid. Not a single piece of bone came away after the operation. Throughout, general tonics were exhibited.

NOTES OF HOSPITAL PRACTICE.

UNIVERSITY OF PENNSYLVANIA.

SERVICE OF DR. H. C. WOOD.

Reported by Dr. LOUIS STARR, Chief Assistant.

AMENORRHŒA—HYSTERICAL PARALYSIS AND CHOREA—CURE.

A. F., aged 15, first applied for treatment at the dispensary on June 28, 1873. There is no history of any form of nervous disorder in her family, and she enjoyed good health herself until five years ago, when she had an attack of chorea, from which, however, she recovered in four or five months. After this, although able to attend to her studies and to do light work, she was weak, and slightly hysterical.

Menstruation began early in the spring of 1872, and was performed without pain and at regular intervals until December of the same year, when it stopped entirely. The cessation of the menstrual flow was followed by great prostration and emaciation, and by partial motor paralysis of the right arm and leg. When the patient came under observation she was very anæmic, and there was considerable loss of power in both the arm and the leg. The former was most affected, and was slightly smaller than its fellow; flexion and extension of the hand and fingers were possible, but these movements were executed sluggishly, and there was no strength in the grasp of the hand; the muscles of the upper arm and of the shoulder were not involved. There was some dragging of the right foot in walking, and a sensation of weakness in the leg from the knee down. The sensibility of the affected muscles to the faradic current was not markedly different from that of the other side. Electro-contractility was also normal.

She was placed upon the following mixture:

℞ Tr. ferri chloridi, f℥iii;
Tr. cantharidis, ♏ xxxvi;
Tr. aloës, f℥ii;
Tr. guaiac. ammon., f℥iss;
Syr. simp., q. s. ad f℥vi.—M.

Of this she was directed to take a tablespoonful thrice daily; at the same time a moderately strong faradic current was applied to the leg, fore-arm, and hand, for ten minutes, three times a week.

Under this treatment she began to improve, and on August 30 her appetite and general strength were much

better, the menstrual flow was re-established, and the right leg had regained its power so that she was able to walk without difficulty. The arm, though better, was still quite weak, and she complained of choreic twitchings of the index and middle fingers when sewing or holding light objects; these varied in severity, and when most severe were accompanied by similar movements in the muscles of the face. Instead of the above mixture, ext. cimicifugæ fld. was prescribed, to be taken at first in doses of f℥i three times daily and gradually increased to f℥iss; faradization of the arm and hand being still kept up.

After two weeks the cimicifuga was suspended, on account of the severe headache and giddiness which it produced, and she was ordered gtt. v of liq. potass. arsen. with ℥. xv of tr. ferri chlor., three times a day. Soon after this combination was adopted, the choreic movements of the fingers and face, which had apparently been unaffected by the cimicifuga, began to decrease; the strength of the arm also seemed to improve more rapidly than before.

From this time (September 16, 1873) up to the date of discharge (November 1, 1873) the favorable progress of the case was uninterrupted, and no change was made in the treatment.

She returned, according to request, three weeks afterwards, and reported herself entirely well; during the interval all electrical treatment had been suspended and no medicine whatever had been taken.

TRANSLATIONS.

THE FORMATION OF VESICAL CALCULI.—Statements of Neubaur and Vogel, that the urine of carnivora presents no essential difference from that of man, and observation of a case in which a needle thrust into the bladder through the perineum became the nucleus of a calculus, induced Studenski (*Inaugural Diss.*, 1873) to undertake a series of experiments upon dogs, with the view of establishing the influence of foreign bodies in producing lithiasis. Bitches were preferred by him for his experiments, because examinations with the catheter are more easily made upon them than upon dogs, and he introduced into their bladders by the high operation for stone various objects, such as beads of glass or gutta-percha, leaden balls, needles, etc. All of these objects except the last-named had to be of a size at least as large as a hazel-nut, to prevent their entrance into the urethra, an accident which was followed by the death of the animal. After the operation, the treatment pursued was of four kinds: 1, customary food, as meat, bouillon, bread, etc.; 2, customary food with the addition of lactic acid; 3, the same sorts of food, to which oxalic acid had been added; and 4, the use of large quantities of water containing lime. The results of the experiments proved that the same principal forms of urinary sediment are met with in dogs as in men, but that a very long time is needed for their formation. In the case of a dog which was fed with the diet of the first kind, and was killed a year after the introduction of a glass ball into the bladder, this foreign body was found to be covered with two layers of the phosphate and oxalate of lime, but they had only attained the thickness of ordinary writing-paper. In the case of an animal which was fed in accordance with the second diet-list, and which was killed four months after being operated on, no deposit was found, except in the perforation of the glass ball. The deposit upon leaden balls taken from the bladders of animals of the third series was also very slight in quantity.

The results obtained in the fourth series were of a more positive character: the animals for the most part died in a comparatively short time, but examination of the foreign bodies in their bladders showed but a slight urinary deposit upon them.

Attention is directed to the fact that no oxalate of lime was found in the urine of those animals which were fed with oxalic acid in considerable quantities, but this salt was found in the deposits from the urine of one of the animals fed upon ordinary diet. In all cases in which the introduction of the foreign body was followed by catarrhal inflammation of the bladder and alkaline fermentation of the urine, sediments of the earthy phosphates were quickly formed. The addition of lime-salts to the diet seemed to exert a marked influence upon the formation of the phosphate of lime, even when the vesical mucous membrane remained sound. W. A.

PERINEPHRITIC ABSCESS.—Schwartz (*La France Médicale*, 1874, No. 49), in describing a case, calls attention to the difficulties attending the diagnosis of perinephritic abscess. These are principally due to the deep seat of the affection and to the slight local trouble which it occasions as compared with the gravity of the constitutional involvement. The development of a fluctuating tumor in the lumbar region is the most characteristic symptom, and often a long time elapses before this is met with. In the beginning of the attack, the febrile symptoms are similar to those met with in ileotyphus, while later they resemble those of remittent fever. The patients lose flesh rapidly, and their cachectic earthy complexion may lead to the diagnosis of the disease. The pus, as a rule, remains confined to the place in which it was formed, and comes to the surface in the lumbar region, but may possibly, when the opening of the abscess is too long deferred, or when the process manifests from the start a tendency to travel, first make its appearance above or below Poupart's ligament or along the great vessels of the thigh. The pus formed in a perinephritic abscess may also pass into the bladder, the vagina, or the intestine, or, still more rarely, perforate and enter the sac of the peritoneum. Evacuation through the bronchial tubes has also been observed, and the entrance of the pus into the pleural cavity has led to pleurisy or pneumonia. The prognosis in this affection varies according to the etiology of the attack in question. Perinephritis can be spontaneous or traumatic in its origin, can be due to transference of inflammatory action from neighboring organs, or finally it may arise in the course of infectious diseases of a severe type. When the abscess is promptly opened, the prognosis of the first two varieties enumerated above is good, that of the other forms is grave. The only method of opening abscesses of this character which can be recommended is that of incision, followed by drainage of the wound. W. A.

VISCERAL RHEUMATISM.—The *Gazette Hebdomadaire*, Aug. 7, contains some notes of a case of rheumatism coming under the care of Dr. Blachez, which presented a very unusual complication,—namely, peritonitis. The patient, a young and healthy woman, had been under treatment for some weeks, suffering from an attack of ordinary acute articular rheumatism. The case was complicated by endo-pericarditis and pleurisy, but the patient did well, and was apparently about to enter upon the stage of convalescence, when, almost suddenly, one night, she was attacked by vomiting and severe abdominal pain, the belly became tympanitic, the pulse rapid and small, and there was every symptom of acute peritonitis. Soon after, delirium set in, and the patient refused almost absolutely to take nourishment, having to be nourished by injection. After lingering in this condition about a week, the patient died. Unfortunately, no post-mortem examination could be obtained.

M. Blachez remarks upon the rarity of this peritoneal complication, which he has never observed in any previous case.

As regards its existence there could be no doubt. The pain, distention, and tympany of the abdomen, the stercoraceous vomiting, the alteration of expression, the pinched nose, the coldness, all constituted characteristics upon the value of which it would be useless to insist. While all the serous membranes are tributary to rheumatism, the peritoneum almost always escapes. For this reason the case under consideration is almost unique. M. Blachez concludes by some remarks on the heart- and brain-complications occurring in this case, which, however, have nothing peculiar about them. A. V. H.

NON-INOCULABILITY OF TUBERCULOSIS.—Dr. Edward Metzquer read before the Académie de Médecine at a recent sitting an account of experiments performed by himself, to the number of seventy or eighty, extending over the last five years.

These experiments, made to demonstrate the non-inoculability view held by Dr. M., prove, he thinks, that phthisis is neither inoculable, virulent, nor specific. Capillary emboli, infarctions, or alveolar pneumonias, Dr. M. believes, have been mistaken for tuberculous deposits.

Dr. Villemain, he seems to think, has made serious mistakes in his methods of practising and observing the effect of the inoculation of tuberculous matter in animals. Dr. Metzquer's paper was referred to a special committee. A. V. H.

THE OCCURRENCE OF ENLARGEMENT OF THE SPLEEN IN RECENT SYPHILIS.—Dr. A. Weil (*Centralblatt für die Med. Wissenschaften*, 1874, No. 12), while noticing the fact that enlargement of the spleen is not uncommon in the later periods of syphilis, states that he has been able in three cases to establish, by palpation and percussion, enlargement of this organ in recent syphilis; indeed, while the primary induration was still present. The extent of the dulness in the direction of a line running to the axilla was from ten to twelve centimetres. In one of the cases there was present a maculated syphilide of four weeks' duration; and in both the other cases the eruption appeared three or four weeks after admission into the hospital.

In the course of an anti-syphilitic treatment, the enlargement of the spleen disappeared; and Weil sees in this a confirmation of his view that the tumor was due to syphilis. He expresses at the same time the opinion that the enlargement of the spleen in these cases is of the same significance as in typhus, intermittent, etc., *i.e.*, a symptom of the infection of the entire mass of the blood. More extended observation will be needed before this symptom, which must be due to hyperæmia of the spleen and increase of the cellular elements of its pulp, can be of clinical importance. W. A.

THERAPEUTIC NOTES.

TREATMENT OF SYNOVITIS OF THE KNEE-JOINT BY HOT SAND-BAGS.—M. Bergeret employs this treatment in the following manner. The knee is enveloped in raw cotton, and over this a bag containing two or three quarts of sand.

The sand should be as hot as can be borne by the hand, the bags containing it being of a size sufficient to more than envelop the entire area of the disease. They should of course be covered with a blanket or some non-conducting material, and should remain in position until they cool. Under the influence of this application a rapid and profuse perspiration soon takes place. The hot sand-bags may be renewed several times a day, and before many days, such is Dr. B.'s experience, the fluid entirely disappears.

It is understood that this treatment is applicable only to the chronic stage of the disease; Dr. Bergeret's aphorism is, "Humid heat in the acute, dry heat during the chronic period."—*Gabler's Jour. de Thérap.*, May 10, 1874.

TREATMENT OF VULVAR PRURITUS.—Alum-lotions may be ordered, as follows:

℞ Alumin., 4 grammes;
Decoct. hordei, 500 grammes.—M.

Use the lotion three or four times a day.

M. Hardy frequently uses the following:

℞ Hydrarg. chlor. corros., 1 gramme;
Aquæ destil., 100 grammes;
Alcohol., q. s.—M.

A spoonful in a glass of warm water. Avoid rubbing the parts during its application.

In the vulvar pruritus which so frequently accompanies pregnancy, Dangon uses the following formula:

℞ Zinci oxidi, 4 grammes;
Sodæ boratis, 2 grammes;
Cerat. simplicis, 15 grammes;
Ol. amyg. dulcis, q. s.;
Morphiæ muriatis, 20 centigrammes.—M.

Bazin prescribes the following liniment:

℞ Liquor calcis, 30 grammes;
Glycerin., 30 grammes;
Ol. amyg. dulcis, 60 grammes.—M.

The following has also been recommended:

℞ Glycerin., 150 grammes;
Tinct. opii, 4 "
Ol. rosæ, 5 drops.—M.

—*New York Medical Journal*, from *La France Méd.*, No. 54, 1874.

APOMORPHIN AS AN EXPECTORANT.—M. Jurasz (*Gazette Hebdomadaire*, from *Centralblatt*, No. 32, 1874) suggests the use of this emetic in bronchitis, etc., in the same manner as ipecac and other nauseating expectorants are employed. His formula is as follows:

℞ Apomorphiæ chlorid., gr. $\frac{1}{6}$ ad $\frac{1}{2}$;
Aq. destillat., ℥iijss;
Acid. hydrochlor., gtt. v;
Syr. simplicis, ℥iv.—M.

Sig.—Tablespoonful every two hours.

Each dose contains $\frac{1}{48}$ to $\frac{1}{16}$ of chlorohydrate of apomorphia. In general, after the first few doses some little nausea is observed, but vomiting is not produced. This preparation is useful when it is desired to produce a more free discharge of the mucous secretions, or where these, as is frequently the case in bronchitis, are tenacious and not easily separated.

COMPOUND FERRUGINOUS POWDER.—

℞ Ferri carb., ℥i;
Valerian. rad. pulv., ℥iiss.—M.

Div. in chart. no. xxv.

Sig.—One to five a day in chlorosis complicated by neuralgia.

PILLS IN LEUCORRHŒA.—

℞ Cantharidis, gr. ii;
Camphoris, gr. x;
Ext. hyoscyami, gr. v.—M.

Ft. in pil. no. l.

Sig.—One or two a day in nervous leucorrhœic cases.

PHILADELPHIA

MEDICAL TIMES.

A WEEKLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.

We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.

All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.

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SATURDAY, SEPTEMBER 26, 1874.

EDITORIAL.

THE AMERICAN TEA.

GROWING along the Atlantic coast of the United States, from Virginia southward, is the Ilex cassine, or, as it is sometimes called, the American tea,—a plant whose leaves, mixed with those of other species of the same genus, were used by the aborigines in forming the decoction known as "yaupon," or "black drink." The maté of Paraguay is closely allied in its botanical relations to the plant under consideration. It is well known that this Paraguay tea contains largely of theine, and the fact that the Northern Indians used our Ilex very much as the aborigines of Paraguay used their Ilex, ought, one would think, to have attracted attention long ago to the North American plant.

During the Revolution the leaves of the Ceanothus Americanus were used as a substitute for the Chinese herb, and, possibly owing to this fact, some few years since a company was organized for the purpose of producing, and actually did produce, a "tea" prepared from the Ceanothus. Analysis showed, however, that this product contained no theine; and, although the New Jersey staple was quite extensively advertised, it soon disappeared from sight. Subsequently, we were informed by a dealer that this American tea was still manufactured, but that it was used solely for the adulteration of the genuine article. Whether or not it is still produced we do not know.

A Mr. H. M. Smith has recently made an analysis of this "yaupon" (*The Journal of Applied Science*, September 1, 1874), and found that it contains a very large percentage of theine, besides a peculiar volatile oil having a tea-like odor. The specimen analyzed was composed in a very large proportion of twigs, yet the percentage of theine present was as great as that usually found in maté. The following table expresses the proportion in one hundred parts of the substances named:

	Yaupon.	Maté, or Paraguay tea.	Black tea, average.	Green tea, average.	Green tea.	Coffee.
		Stenhouse.	Mulder.	Mulder.	Peligot.	Payen.
Volatile oil.	0.01		0.63	0.88	0.50	0.003
Caffeine.....	0.12	0.13	0.56	0.52	6.00	1.00
Tannin.....	2.41		2.04	17.68	14.00	10.00

The yaupon leaves were a regular article of commerce among the North American Indians. The "black drink" was used by the Indians especially at their councils and tribal feasts. It was taken very strong, and in large quantities, and is said to have frequently acted as an emetic. It contained, however, besides the leaves of Ilex cassine those of the Ilex vomitoria and of other species of the genus, and it is possible that it owed to them its power of causing vomiting. Evidently, if the Ilex cassine possesses a persistent emetic property it will never afford a cup of tea which shall be popular with the white man. A general emesis might be a bond of misery among a council of Indians, but would hardly suit the average sippers of Bohea. Mr. Smith, however, failed to detect any emetic principle in the Ilex cassine, and the subject seems to demand further investigation.

DRUGGISTS' COMMISSIONS TO DOCTORS.

"THE *Evening Star* says:—The retail druggists of Chicago have taken this action:

"'*Whereas*, The practice of paying commissions to physicians in any form is in direct opposition to the principles upon which this college was established, if not a violation of the strict wording of its code of ethics; it is therefore

"'*Resolved*, That the maintenance of just and honorable relations between physicians and druggists or pharmacists is a matter of the highest import to our college, and we do not hesitate to condemn a system that substitutes a money consideration for the just claims of merit and education.'

"[This is apropos of our editorial of a recent issue. Now let our respectable druggists of Philadelphia follow this lead. The brave words spoken by the Northern Medical Association of Philadelphia, under a similar

provocation, some seven or eight years ago, would bear repetition and imitation by the Philadelphia County Medical Society, and all the other kindred bodies of this city.]"

The above extract is from a recent number of *The Cincinnati Medical News*. In reply, we can only state that if any regular physician in this city takes a commission from druggists he is very careful to keep his doings secret. Public medical opinion in this city certainly reprobates most earnestly such practice.

A WRITER in *The Journal of Applied Science* (September 1) states that castor-oil has so little effect on Chinese intestines that the Celestials use it habitually in cookery.

CORRESPONDENCE.

THE RECENT MEETING OF THE BRITISH MEDICAL ASSOCIATION.

NORWICH, ENGLAND, September 1, 1874.

DEAR SIR,—I had the honor of attending the dinner of the British Medical Association, in St. Andrew's Hall, on the evening of the third day of the meeting, which was a most genial and festal occasion. The grand old civic hall, that had been in ancient days a cathedral, and was adorned with portraits of local celebrities of the past, was transformed into a brilliant banqueting-saloon. There were music, and flowers, and fountains, and speech-making, both eloquent and hilarious; and, as the dining ended, a large assembly of ladies arrived and graced a platform arranged for them. The dinner-ceremonies opened with a blessing by a reverend canon, which was appropriately short, and it was followed by a most effective rendering of the majestic anthem of "God Save the Queen." A military band played at intervals, and the peals of a trumpet pre-announced every toast.

Sir James Paget responded to the toast of "Prosperity to the British Medical Association," and said that the body was never so prosperous, influential, and numerous in membership as at this time. He alluded to the importance of what had been presented in the special sections, and predicted the continued development of the institution. I was impressed with the evidences of the great popularity of this distinguished member of the profession, and had previously seen repeated manifestations of the profound respect and affection that are universally felt for him. In proposing the health of Mr. Southam, of Manchester, the President of the Council, Sir James awarded to him the credit of much of the efficiency of the Association.

Mr. Southam arose amidst loud manifestations of favor, and spoke of the progress of the Association during the period of twenty-eight years since the annual meeting was held in this city.

Mr. Quain, on being called for, proposed the health of the President elect, Dr. Copeman, of Norwich, and announced him as "The foremost man in the county, who took his position as a right and in deference to what he had contributed to medical science."

Dr. Tufnel, of Dublin, President of the Royal College of Surgeons of Ireland, and formerly of the army, responded to a toast to "The Army, the Navy, and the Auxiliary Forces," in a speech of much enthusiasm in regard to the rights of army medical officers.

In reply to the toast of "The Visitors," Dr. Sims, of New York, gracefully expressed his thankfulness for the welcome reception of the American guests of the Association, and disclaimed being considered a foreigner, as he was honored with membership, and had at one time resided and practised the profession in England. The evidences of respect and personal good feeling for this distinguished American surgeon were, throughout both the scientific and the social portions of the meeting, most marked, and showed the appreciation of his high character and of what he has added to one important department of surgery.

Dr. Haughton, of Dublin, made a humorous and characteristic speech, and the annual dinner concluded most happily when the ancient hall resounded to a roaring toast of "The Ladies."

My estimate of the scientific character of the meeting is very high; and to this must be added the invaluable social influences of such a gathering of so many of the distinguished members of the profession in Great Britain, and of representatives of different nationalities abroad. As an American, I speak appreciatively of the distinguished attention and courtesy with which my countrymen were honored at this meeting. Such international representation is surely calculated to unite in the strongest sympathy the medical profession of different countries.

The occasional visits to America made by distinguished British physicians and surgeons, and the journeys undertaken every year by numbers of American medical men to Great Britain, have done much to add to the good feeling that has ever existed between the medical fraternities of the two countries. The bestowal of titled honors and distinguished social attentions on Professor Gross during his late visits to Europe have been received at home as compliments, through a representative man, to the whole profession in America. I think that I have never been introduced as an American surgeon to prominent surgeons anywhere in Europe without having kind and respectful inquiries made of me concerning Professors Gross, Pancoast, Sayre, Dr. Sims, Dr. Atlee, and a few other surgeons whose reputations have extended abroad.

I can also speak from an extended intercourse, particularly with surgeons in Europe, of their warm feeling for the American people and of a general interest in the approaching Centennial Anniversary of our nationality. Sir James Paget expressed to me his especial desire to be at the celebration in Philadelphia on the Fourth of July, 1876, and said that he would take delight in the noisy enthusiasm of the day. I have received

also expressions of such friendly tone from such distinguished surgeons as Sir Henry Thompson, Erichsen, Callender, Lister, Bryant, Hancock, Southam, Gamgee, and MacDonnell.

In a note now lying open before me from Dr. Bateman, of Norwich, a truly good and able man, whose name is most known in America by his work on Aphasia, alluding to the recent meeting of the British Medical Association, he says, "I think it is impossible to overestimate the importance of these cosmopolitan gatherings: nothing is more calculated to consolidate the peace of the world, and to show the absurdity of resorting to physical force (which, after all, proves nothing), than these congresses, where the strife is between men of science, their object being to vie with each other in devising means for the relief of human suffering."

Mr. Erichsen has by this time reached America, on a social visit of a few months. He said to me that he anticipates great pleasure in meeting some of his surgical friends in Philadelphia, and I think that we will have the honor of seeing him there early in October. The medical profession in the United States will regret the unfortunate failure of Sir Henry Thompson to continue his journey. He was obliged to return, leaving the steamship at Queenstown, on account of the illness of his daughter. We may yet expect a visit from him, but he says, with expressions of great disappointment, that it cannot be during this season.

I think that now, after much professional intercourse abroad, and when near the end of my European tour, I may deduce as a corollary that, although England and America may differ much in governmental and social characteristics, and are separated by a vast ocean, the medical profession in both countries is indissolubly united in one common bond that has for its object the blending of science with humanity.

Truly yours,

R. J. LEVIS.

VIENNA, August 14, 1874.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

DEAR SIR,—As my first letter, I will try to give you a description of the public hospitals of this city, which I think will be of interest to your readers.

The Vienna K. K. Public Hospital was opened as such by Emperor Joseph II., on Monday, August 16, 1784, ninety years ago. It had formerly served for a poor-house, founded by Emperor Leopold I. in 1693, and finished as late as 1769. In 1832 another building was added to those finished in 1769, which was completed in 1834, under the government of Emperor Francis I.; and in May, 1862, the large and fine building for pathologico-anatomical purposes was opened.

The hospital serves for the purposes of treating the sick and for instruction in the different branches of medicine. During the summer term of 1873 there lectured here twenty professors, twenty-three privat-docenten, and sixteen assistants.

The institution has thirteen large yards, which are converted into fine gardens, planted with trees, flowers, and bushes, and provided with fountains, and has an area of 26,718 square feet, of which the different buildings take up 6350 square feet and the yards and gardens 20,368 square feet. Since the city has been enlarged, the hospital is situated near the heart of the city, which has a population of about 800,000 inhabitants. The gardens supply the patients with plenty of pure and fresh air.

The hospital contains one hundred wards for the treatment of the sick, with two thousand beds, which are distributed as follows, viz.:

For internal (medical) cases, 407 men and 280 women	687 beds.
" external (chirurgical) cases, 314 men and 205 women	519 "
" diseases of the eyes, 85 men and 76 women	161 "
" diseases of the ears, 11 men and 8 women	19 "
" venereal diseases, 222 men and 99 women	321 "
" cutaneous diseases, 89 men and 49 women	138 "
" reserve for variolous cases, 14 men and 12 women	26 "
" reserve for cholera cases, 10 men and 8 women	18 "
" psychiatric cases, 39 men and 21 women	60 "
" paying patients, 17 men and 14 women	31 "
" students, 20 men	20 "
Total, 1228 men and 772 women	2000 "

Besides those annually treated in the different wards, medical advice is given in this institution free of charge to those who do not need to stay in a hospital. Those who are received in the different wards have to pay twenty-five guldens per month. Those who want better accommodations have to pay two guldens and upwards per day, for which purpose thirty-one beds are set aside. Persons of both sexes upwards of the age of five are taken care of here. Infants and children up to the fourth year, inclusive, are taken care of in the St. Ann Hospital for Children, under the direction of K. K. Public Hospital, which has also the direction of the two other public hospitals, the K. K. Bezirks-Krankenhaus Wieden, with six hundred beds, and the Rudolph Stiftung, with eight hundred and sixty beds.

There are two chapels connected with the institution: one is used for daily service, the other, for paying the last tribute to the deceased.

The bath-houses connected with the institution are twenty-three feet long and four feet wide. The first and largest bath-house contains, besides two bath-tubs,—each of which can be filled with fourteen buckets,—the water-bed of Prof. Hebra. This is constructed of sheet iron, lined inside with zinc, and contains nearly sixteen buckets. An iron frame, with straps spread

across, over which is laid a woollen blanket, constitutes the base of the water-bed, and can be raised or lowered by a hinge. The bed is also so arranged that the patient who occupies it can be lowered or raised with it as required. Either cold or warm water is furnished, and the temperature can be regulated at any time.

The bath-tubs are made of copper, or sheet-iron, lined inside with zinc, and painted outside with oil-colors.

The bathing institution is under the direction of a bath-inspector.

In 1871, 42,854 simple baths, 2212 steam, and 2670 douche-baths were administered, besides 20,061 buckets of warm and 22,365 buckets of cold water given to 5015 patients in the different wards, for which purpose the wards are furnished with transportable bath-tubs.

The cleaning and washing of the bed-clothes and clothes of the deceased is done outside of the hospital, by a contractor. At present the daily dirty wash consists of 7500 pieces. The contractor has to take charge of the dirty wash at the hospital, and to return the clothes in five days. P.

(To be continued.)

PROCEEDINGS OF SOCIETIES.

BIOLOGICAL AND MICROSCOPICAL SECTION OF THE ACADEMY OF NATURAL SCIENCES.

SEPTEMBER 7, 1874.

DIRECTOR W. S. W. RUSCHENBERGER, M.D., in the chair.

DR. J. GIBBONS HUNT asked permission to read portions of a letter from Mr. Charles Stodder, a corresponding member of the Academy, in reference to blood-stains.

Mr. Stodder writes, "There have been in this State—Massachusetts—two criminal trials in which the possibility of determining microscopically between human and horse's blood was important. In both cases, 'experts' were diametrically opposed to each other as to the possibility of recognizing any difference. It seems to me that it is not creditable to the science of microscopy of the present day that there should be such a difference of opinion.

"I think Dr. Richardson is right in advocating the use of high powers in making observations in such cases. My idea of a high power now is nothing under a $\frac{1}{12}$ (1200° with low eye-piece, or 4800° with $\frac{1}{4}$-inch eye-piece), and from that up to a $\frac{1}{50}$; and I cannot consider your objection to Dr. R.'s theory sound, viz., 'that serious loss of definition generally went hand in hand with gain in amplification.' This may be your experience, as it has been that of almost every one who has purchased a $\frac{1}{25}$ or $\frac{1}{50}$ made abroad, but the performance of Powell & Leland's $\frac{1}{16}$ and Tolles's $\frac{1}{18}$ in the hands of Dr. Woodward, and of Tolles's $\frac{1}{50}$ in the hands of Mr. Moorehouse and of G. B. Harriman, of Boston, results that have been published and are before the public, should have dissipated such belief.

"Now, it is by the use of such instruments that will give good definition with a magnification of 2000° to 20,000°, that histology has hereafter to be studied, but it will take twenty years for the doctrine to be generally accepted; and such instruments and powers must be used for the measurement of the *differences* in size between the various blood-globules, and such I take it to be what Dr. R. means."

"Now, Mr. Director," proceeded Dr. HUNT, "I will ask permission to make some remarks in reference to this interesting letter, and also on the subject of high-power definition, from my point of view. With Dr. R. and Mr. Stodder I quite agree in a common want for high amplification, but, in connection with high amplification, I want especially sharp definition and freedom from color; and I must still be allowed to say that all my trials with such high-power lenses as a $\frac{1}{25}$ and $\frac{1}{50}$ have only confirmed my previous disappointment.

"Reference is made in the letter to the performance of high-power lenses in the hands of expert microscopists. But I will ask you to observe this fact, viz., that all such reported trials are tests by oblique illumination. Now, under such conditions, it is not possible to judge of the best corrections of a lens for either chromatic or spherical aberrations; neither do opticians *correct* their objectives by such illumination. Therefore I do not attach much importance to such published trials, as full reports of *all* the qualities of such lenses, but only of *special* points which they may possess.

"If my $\frac{1}{50}$ resolves the Amphipleura clearly into lines or dots according to the special illumination, and I simply state the fact, microscopists can judge quite correctly of its power in that direction, because on the test diatoms are structures of known size or distances apart, and marvellously alike on the average: hence from these diatoms we have derived a language understood by all, by which we can communicate the performance of lenses in such work. But turn this same $\frac{1}{50}$, which resolves the lines so readily, on a bacterium, or salivary corpuscle, or yeast-globule, or white blood-corpuscle, and adjust for central light for best definition, and we have no language as in the case of diatoms by which to express the 'unhappy luminosity' which surrounds such ordinary objects of histological observation when viewed under the $\frac{1}{25}$ or $\frac{1}{50}$ objective. In other words, these high-power lenses which resolve the diatoms by oblique light—and it may be done without difficulty by lenses of much lower power—fail to define sharply and free from color such objects as I have mentioned, by central light.

"Let me illustrate my meaning by analogy. We know that it is customary to grade applicants for admission into college classes in proportion to their proficiency in mathematics. Now, physiologists acknowledge that special brain-development endows the mathematician. A boy may have that special organization and be an accomplished mathematician, but be quite backward in all other departments, or he may not possess this special brain-development, yet be an accomplished scholar in literature and many branches of science; still, he is graded obliquely by his mathematics. Does such testing convey any just idea of the boy's intellectual acquirements? For the teacher such testing is convenient, but for the boy it is *unjust*, and gives no indication of his general mental aperture. It is just so with our judgments in reference to high-power lenses. Like acrobats, these instruments will perform some difficult feats, but when employed on objects of ordinary histological research by central light, my experience teaches me they are not yet corrected for satisfactory definition.

"The so-called podura scale would be a good test for perhaps *all* the qualities of such lenses, and, like the diatoms, is known to all microscopists; but it is impossible to obtain slides with covers thin enough to be used.

"Two things are essential in all real microscopical work, and one is as important as the other. These are a good lens at one end of the tube, and a good brain at the other; and wide differences in definition and aperture exist in both.

"After all, microscopical work is only another way of seeing. It requires natural qualification and special training, in which all are not competent. One individual may listen to the music of the sublimest orchestra and hear only the general melody and derive only a sensation of general pleasure; another will follow tenaciously each separate instrument, and yet combine the whole into one sweet harmony immeasurably beyond the conception of the other. It is so with gazers down the tubes of microscopes. Most people derive a gratifying sense of general pleasure; a few see many visible things, as definition, quality of field, character of illumination, color, etc., properties of the lens; also form, color, size, and structure, properties of the object; and all at one view. It will always be so."

Dr. J. G. RICHARDSON replied in answer to these remarks that, plausible as were the arguments and striking the analogies brought forward, he believed that the truth or falsehood of the proposition that "serious loss of definition (in the use of high powers such as the $\frac{1}{25}$ and $\frac{1}{50}$) generally went hand in hand with gain in amplification," was chiefly to be established by an unbiassed examination of the downright facts. In the case under discussion, it was admitted that, for fifty years past, blood-stains had been investigated by some of the ablest microscopists of Europe and America, for the express purpose of discriminating the kinds of blood by the appearance of the corpuscles, yet without success; and it was also admitted that he had (see *Philadelphia Medical Times*, July 18, 1874, p. 665), in six different dried stains, distinguished the kind of blood with perfect correctness, by microscopical examination. Under these circumstances it appeared as if there was no escape from the conclusion either that he (Dr. R.) was a more skilful microscopist than the great masters of the art above referred to, or that he had made the discoveries described by the aid of superior lenses—"improved tools"—over those which had previously been employed; and therefore, being persuaded that his friend Dr. Hunt was too inexorably unprejudiced in his favor to acknowledge the former preposterous alternative, that gentleman seemed to be necessarily impaled upon the other horn of the dilemma, and must, perforce, admit that, in the examination of blood-stains at least, the advantages of "gain in amplification" exceeded the disadvantages entailed by "loss of definition," in the use of high powers such as the $\frac{1}{25}$ and $\frac{1}{50}$ objectives.

As a further and even more direct evidence that superior lenses were the source of these and other discoveries, he might mention that, previous to the purchase of a $\frac{1}{25}$ from Mr. Wales, six years since, he had hundreds of times tested his $\frac{1}{4}$-inch objective, by endeavoring to obtain with it and the A eye-piece a view of the moving molecules in the salivary corpuscles, but uniformly without success. Yet on the second trial of the $\frac{1}{25}$ lens, and on the very first in which he obtained a suitable illumination, he saw at once and with beautiful distinctness this curious movement of the granules, for which he had so many years been vainly searching with *inferior tools*.

Dr. RICHARDSON added that, in reference to the process of measuring the fresh or dried blood-corpuscles of different animals, there was one important but purely mechanical advantage attending the employment of high powers, to which he wished to call the attention of members. When measuring the diameter of the various disks by means of the cobweb micrometer, the operation, as is well known, is analogous to that of finding the size of a number of small circles upon paper with a pair of blunt-pointed dividers; and since the micrometer-threads in the one case and the compass-points in the other remain always the same size, it is easy to see that errors in manipulation, arising from the difficulty of deciding when the threads or points *exactly coincide* with the margins of the objects to be measured, will be much less important if those objects vary from $\frac{5}{8}$ to $\frac{6}{8}$ of an inch (as the blood-corpuscles spoken of appear to do under a $\frac{1}{50}$ lens), than if their diameters only range from $\frac{1}{27}$ to $\frac{1}{18}$ of an inch, which are about the limits of their apparent magnitudes as seen beneath a $\frac{1}{4}$-inch objective.

REVIEWS AND BOOK NOTICES.

COCAIN, VERATRIA, AND GELSEMIUM: TOXICOLOGICAL STUDIES. By I. OTT. Philadelphia, Lindsay & Blakiston, 1874.

The United States has produced, thus far, so little good, original work in physiology, that every new production of the sort is doubly welcome: welcome as new scientific truths always are, and welcome also as the offspring of the new and higher ambition which is permeating the profession in this country. The little brochure before us contains much thoughtful, careful, good work, and certainly demonstrates not merely the close acquaintance of the author with the ways and instruments of modern physiology, but shows that he possesses the ability to use this knowledge in the acquisition of new truths. Surely the harvest is ready, but the reapers are few. Let us hope that this new worker shall have the continuous activity, as he has the ability, to win a recognized place among the world's physiologists.

THE MEDICAL REGISTER AND DIRECTORY OF THE UNITED STATES. By SAMUEL W. BUTLER. Philadelphia, 1874.

This volume, of about eight hundred and fifty pages, is the crowning work of a very busy and useful life, and is a legacy of no mean value to the profession. The immense labor necessitated in its compilation may be known by the fact that within its pages are embraced the names, addresses, and educational and professional status of over fifty thousand physicians, with lists of medical societies, abstracts of laws affecting the profession, and a great amount of other miscellaneous matter. The editor, some fifteen years ago, commenced collecting the names of physicians, and in course of time obtained some twenty thousand; but in 1871 he purchased from Dr. Toner, of Washington, D.C., a list of about forty-eight thousand physicians, of all schools and classes, obtained from the internal revenue department. To each of the addresses in this list a circular, asking for information, has been sent by Dr. Butler, and upon the replies to these, and the information derived from alumni lists, transactions of medical societies, and other allied sources, the present volume rests. No doubt there are some mistakes and numerous omissions in it, but, in the language of the preface, "those only who have neglected to reply to the circulars are responsible for them." To publishers, druggists, and those members of the profession whose sympathies and needs are wide enough to reach beyond their own immediate neighborhood, this book must be invaluable. We trust that the pecuniary result will be such that the family of the editor will reap a rich harvest of substantial reward: certainly the reputation of Dr. Butler will for many years be kept alive as that of the man who dared and successfully achieved the herculean task of cataloguing the American profession.

A PRACTICAL TREATISE ON THE DISEASES OF WOMEN. By J. GAILLARD THOMAS, M.D. Fourth Edition, revised. Henry C. Lea, Philadelphia, 1874.

As a new edition of this book appears about once a year, we do not feel called upon to do more than chronicle the successful termination of the fourth labor of its author.

SELECTIONS.

REUMONT ON METALLIC POISONING AND ITS TREATMENT BY MINERAL WATERS.

THERE are two kinds of quicksilver-disease; that of artisans, which is produced in the practice of various arts in which mercury is employed: and medicinal mercurialism, which is produced by mercury introduced into the system for medicinal ends. Both sorts are in their nature very similar, and differ chiefly in the degree of acuteness of their symptoms, and according to the presence or absence of combinations with affections of the system previously existing,—especially syphilis.

Of the alteration produced in the blood by mercury we know little, and that little is contradictory. Overbeck's careful researches lead him to believe that mercurialism produces a sort of anæmia, that in mercurial blood the quantity of blood-corpuscles and of albumen is diminished, while its coagulability is increased, and its amount of water is fluctuating. It seems to be established that all preparations of mercury, if introduced into the system in sufficient quantity, induce an increased excretion of bile, and sometimes a passage of albumen through the urine.

As to the form in which mercury quits the system, little is known with accuracy. In the alimentary canal it is found as sulphuret of mercury. It is not determined in what shape it appears in the perspiration. As to the stories of metallic mercury being given out in baths, they require no serious consideration; although it is certain that gold and silver articles worn by those who are taking mercury occasionally become stained by an amalgam. It has been concluded that mercury in the urine is in the shape of an albuminate, chiefly because the urine of patients under mercury often contains albumen. On the whole, the view of Overbeck is probable, that mercury is not eliminated from the system until it has been separated from its albumen.

The question how long mercury remains in the system is one of practical importance. The anti-mercurialists speak, in support of their favorite views, of its remaining many years in it; but there is no proof of this. According to Overbeck and Waller, the spontaneous elimination of mercury proceeds slowly, and may occupy seven months, or even longer. Kussmaul speaks of many months, up to twelve, and even more. The organs which appear to retain the mercury the longest are the liver and the kidneys, and the liver contains most.

Kussmaul and Overbeck have done the great service, by their researches, of dispelling in a great measure the mistaken views which have prevailed among physicians respecting the relation of syphilis to mercury. "A twofold picture of mercurialism," says Kussmaul, "runs through our literature; one painted by those who have studied it as it occurs among quicksilver-workmen, the other by those who study syphilis. The first picture has altered little in the course of time; the second has always varied according to the course of opinions on syphilis. A set of fanatical anti-mercurialists put down every ailment in the whole course of the life of a man, who may have once taken a few grains of mercury for syphilis, to the account of the metal; and looked on syphilis as a very mild disease, unless aggravated by the use of mercury. The most violent even denied that there was such a thing as syphilis, regarding it only as mercurialism."

In its best-marked and really frightful form, true mercurial disease is rarely witnessed except in quicksilver-workmen; it shows itself in a much milder form in those who have used mercury only for medicinal purposes. In the mercurialism of artisans there are three stages of development,—the stage of erethism, that of tremor, and the final stage,—although there is no marked line of distinction between them. In all stages, the nervous system is affected in a marked degree. Such marked stages are seldom or never to be seen in mercurialism from the administration of the metal, and the symptoms are seldom simple; they are almost always combined with those of syphilis or of some other disease.

The pure symptoms of mercurialism occurring after the medicinal use of the metal that occur most frequently are either general or local: anæmic and chlorotic conditions; disturbance of nutrition, showing itself chiefly in emaciation and in muscular weakness; gastric and febrile conditions; affections of the nervous system, such as painful sensations, gnawing rheumatic pains, tremors, and paralysis; and, consequent on these, swimming in the head, loss of memory, etc. But these last symptoms undoubtedly belong more or less to syphilis also. The commonest local symptoms are shown in the mucous membrane of the mouth, the tonsils, the salivary glands, and, in fresher cases, in the mercurial rashes.

In both mercurial and syphilitic affections there is a certain alteration in the blood; but it must vary in the two, as the symptoms to which it gives rise are very different. In syphilis, one of the first symptoms is the swelling of many of the lymphatic glands, whereas we have only rarely in mercurialism some swelling of the cervical glands, as a consequence of stomatitis. The pathological productions of the two diseases are very different. The mercurial dyscrasy must be viewed, on the whole, as a catalytic process, which has little to do with new or plastic formations, and which, at most, causes some thickening of the mucous membranes and the enlargement of a few glands; while syphilis shows the greatest tendency to hyperplastic and new formations. Soft nodes (gummy exudations) occur in syphilis only.

As regards the further question whether mercurialism does not impart a malignant character to syphilis, we may reply that the worst forms of syphilis occur in those who are not treated at all, or certainly not with mercurials; while we grant that the solvent action of mercury may be prejudicial in phagedænic and sloughing ulcerations. As to the affections of the bones ascribed to mercurialism, we have already said that only local ones of the jaws, connected with profuse salivation, are ever produced.

If lead be introduced into the system for any length of time, in small quantities, the characteristic symptoms of lead-poisoning are produced. Lead is partly inhaled in extremely minute particles, partly taken up in the intestinal canal, partly introduced through the skin, or through the nasal passages in snuffing into the circulation. It is probable that all preparations of lead become converted in the intestinal canal into albuminates, which, being dissolved in the stomach, are partly introduced into the system. It is not known in what form it exists in the blood, but it occurs in it in smaller quantities than in other parts of the system. From the blood, the lead passes into the parenchyma of various organs.

Little is known of the mode of operation of lead in the system, though it has been generally believed that it has a special affinity for the voluntary muscles, and occasions paralysis of them and loss of their electro-muscular contractility. But Heubel has recently arrived at some important conclusions. He finds that the relatively greater quantity of lead accumulates first in the osseous substance, and next in the kidneys. After this come the liver, the central portion of the nervous system, and only after these the muscular and

intestinal fibres. Heubel, therefore, rejects the theory that blood impregnated with lead has a power of contracting the muscular coats of arteries and of veins. Heubel, regarding the liver and kidneys as being merely the organs that eliminate lead, and on that account contain a large portion of it, thinks that lead has, on the whole, the greatest affinity to the nerve-substance.

The elimination of lead from the system, apart from what passes through the intestinal canal as sulphuret, takes place most frequently through the biliary secretion. It has been assumed that lead is eliminated through the skin, owing to the dark color of the skin after sulphur-baths which has occasionally been observed. The occurrence is undoubtedly very rare, and is explained by the action of the sulphur of the water on particles of lead lying in the folds of the skin.

Lead-poisoning has of late years become more frequent, owing to the use of cosmetics and of snuff containing the metal. It sometimes requires much discrimination on the part of the physician to discover it. The blue line on the gums is often a most valuable sign. The peculiar symptoms of saturnism are, according to their frequency, lead-colic, pains of the joints, paralysis, affections of the brain, anæsthesia. The characteristic paralysis attacks most frequently the fingers, the hands, and the fore-arms; less often, the lower extremities. The great characteristic is the loss of extensor, not of flexor, power.

As to other metallic poisonings, chronic arsenical poisoning is rare. Some doubt whether there is such a thing as chronic copper-poisoning, but paralysis of the extremities is said to characterize it.

It would be very desirable to explain how sulphur-waters are able to fulfil the indication of disengaging the metal stagnating in the system, and of causing its quicker elimination through the skin, liver, and kidneys. To account for it, Astrie has propounded the theory with reference to mercury and to lead, that the sulphurets of the alkalies and the sulphate salts render the metallic albuminates soluble, and that the albuminates, having been made soluble, are conveyed out by means of the secreting organs, whose functions have been heightened by the whole process of a water-cure. Probably the sulphur-waters act in this case by dissolving the protein compounds. For the present we must be satisfied to use such chemical views as working hypotheses, and indeed they are supported to a considerable extent by clinical observation, although there is no doubt that there are other factors concerned in the elimination of metals.

We know as yet few facts which prove direct elimination of metals by the use of sulphur-waters. The occasional occurrence of mercurial stomatitis and salivation during a sulphur-water cure in patients who have used mercury even at a considerable distance of time, can only be explained by the blood's taking up metal which had been combined with the tissue of organs. There are analogous cases of the reappearance of symptoms of lead-poisoning in patients who had been apparently cured of it. Although we can receive only with the greatest reserve old and new stories of metallic quicksilver being found in the baths used by mercurialized patients, or in their cutaneous eruptions during a bath-cure, yet it would seem that the metal is sometimes eliminated through the skin. Besides the case quoted by Overbeck, two cases have occurred to me (Reumont) and to my colleague Diemer, which can scarcely be interpreted in any other way than as instances of elimination of mercury in the form of sulphuret in the perspiration. I have in strongly mercurialized patients observed, by the electrolytic process during the cure at Aix, mercury in very minute quantities in the urine. Hemmann, of Schinznach, has made the statement that he has washed metallic mercury from the fæces.

Like mercury, all other metals must, under treatment which relieves the symptoms, be extracted from the tissues. And when Tanquerel speaks of a black appearance of the skin in cases of lead-poisoning treated with sulphur-baths, he attributes this, as has been already remarked, to the union of sulphur with minute portions of mercury in the folds of the skin. I have (says Reumont) several times observed somewhat similar effects in those treated with mercurial inunction and sulphur-baths.

But much more important for the physician than the theory of their operation is the clinical observation of the value of sulphur-waters in metallic poisonings. The mercurialism of artisans naturally is seldom sent for treatment to baths, whereas medicinal mercurialism is very common, and very frequently complicated with syphilis. Some of the most renowned practitioners bear testimony to the value of sulphur-waters in such cases. Robbi commences his cure with sulphur-baths, Himby recommends them in mercurial amaurosis, Horn and Romberg in tremor, Roth in mercurial hoarseness. Many French, Swiss, and German physicians, besides those of Aix-la-Chapelle, are equally loud in their praise.

As to the method of using sulphur-waters in such cases, it is necessary to introduce the sulphur into the blood in every variety of way. Baths, drinking, and inhalations all come into play, and douches or vapor-baths are of special use in helping the elimination of the metallic molecules.

Chronic lead-poisoning has of late years been pretty frequently treated at sulphur-baths; it has generally been caused by food or drink containing lead, by cosmetics, or by snuff. Men of great clinical repute, as Schönlein, Romberg, Autenrieth, and many others, have had the greatest faith in its treatment by sulphur-waters. I myself have cured by them various cases of paralysis and colic induced by snuff.

There are very few notices of the treatment of arsenical or copper-poisoning by sulphur-waters. But there are a few successful cases on record. I myself treated with success a case of arsenical poisoning brought on by stuffing animals with arsenical paste.—*London Medical Record.*

THE WHARTON CASE.

DR. EDWARD WARREN writes to the *Baltimore Bulletin* of Saturday, August 29, enclosing two letters, which we give in full below. The cause of the correspondence was the passage, by one of the Baltimore medical societies, of a resolution which said in substance that the decision given by Prof. Taylor in his work on medical jurisprudence was of no import, because it was formed on biassed and incorrect evidence as to the facts sent him by an "expert for the defence." Dr. Warren is the expert for the defence alluded to:

"15 St. James's Terrace, Regent Park,
"June 27, 1874.

"*Dr. Warren Bey, Cairo:*

"*Dear Sir,*—Your letter dated Cairo, June 13, has been forwarded to me by Dr. Stevenson. In answer to your interrogatories, I beg leave to say,—

"1. That I received a copy of the *Baltimore Gazette's* report of the Wharton-Ketchum trial. It was addressed, not to me personally, but to the Professor of Chemistry, Guy's Hospital. As I had resigned the office, the report fell into the hands of my successor, Dr. Stevenson, and he had it in his possession for some weeks, when he handed it to me, as being originally intended for me.

"2. You did *not* furnish me with any other statement, report, or documents relating to that trial or any other subject.

"3. You did *not*, by any word, hint, or act, comment on the evidence given at that trial, or in any way attempt to influence or bias my judgment in regard to it.

"4. The premises for my decision regarding the case of General Ketchum were derived chiefly from the report of the *Baltimore Gazette* (sent by you, as I now find).

"Taken as a whole, *I do not consider that the symptoms have any resemblance to those which are observed in poisoning with antimony*, and a further examination of the case has satisfied me that this is the only conclusion to which the *medical* facts lead. In the Guy's Hospital report for 1857, I collected and reported thirty-seven cases of poisoning with antimony. Upon the facts here collected, and others which have come to my knowledge since, I believe that the death of Gen. Ketchum was *not caused by antimonial poisoning*.

"The chemical evidence did not conclusively show the presence of antimony in the articles submitted to analysis for evidence at the trial. There was a fatal omission in those who attended on the deceased in his last illness. The *urine* was not examined for antimony while the patient was living. The only conclusion to be drawn from this omission is that those who were in attendance on the general did not suspect that his was a case of antimonial poisoning while he was living and undergoing medical treatment, or they wilfully neglected to adopt the best mode of verifying their suspicions and counteracting the effects of poison.

"As, before this occasion, I have never received any letter from you or corresponded with you in any way, I must express my surprise that it should have been imputed to you that you have in any way attempted to influence my judgment. I did not even know that you had sent me the report of the *Baltimore Gazette* until Dr. Stevenson informed me, long after its arrival in England. You have my authority for stating as publicly as you please that such an imputation is utterly untrue, and, if made by a professional man, most unjustifiable. My opinion of the Ketchum case was formed apart from all local influences and prejudices. Having now had an experience of *forty-three years* in the subjects of poisoning, and an opportunity of examining, during that period, some hundreds of cases, I feel myself in a position to act independently of all hints or suggestions. To extra-forensic statements in a case like this I give no attention.

"I presume the telegram which you quote in your letter refers to me. You are at liberty to state in reply that no experts for prosecution or defence made any application to me in reference to this trial, or furnished me with any premises or information respecting it. The whole story is a falsehood from beginning to end. I see that Dr. Reese has been implicated in the matter. I do not know him, except by name. I never wrote to him or received any letter from him respecting this trial. I am,

"Yours, very truly,
"ALFRED S. TAYLOR."

"21 CAVERSHAM ROAD,
"LONDON, N. W., July 3, 1874."

"*To His Excellency Warren Bey, Cairo, Egypt:*

"*My Dear Sir*,—I forwarded your letter to my colleague, Dr. Alfred Swaine Taylor, F.R.S., and he has handed me the letter which I now forward to you. I have read it at his request, and I can speak with *knowledge* as to the circumstances under which he became acquainted with the Wharton-Ketchum case. In May, 1872, I received by post, at Guy's Hospital, a pamphlet, being a reprint from the *Baltimore Gazette*, of the report of the trial. I had no knowledge of the case before, and was ignorant in regard to the sending of the report until I came to your evidence, when I found your name interlined, and *with the simple word 'Compliments,' added in pencil.* When I had read the report I handed it to my predecessor in the chemical chair, Dr. Taylor.

"My own opinion of the case, from reading the report, was this: that *the chemical evidence broke down and did not prove that 'twenty grains of tart. emetic were administered to Gen. Ketchum;'* and *that the symptoms were not characteristic of antimonial poisoning and might have been produced by natural causes*, etc., etc. Both Dr. Taylor and I think that you may fairly disregard all attacks on your character, as every one is liable to them. As for furnishing 'false data,' I know that all you furnished was *The Gazette's* report.

"Very truly yours, etc.,
"THOS. STEVENSON,
"*Professor of Chemistry, Guy's Hospital, London.*"

GLEANINGS FROM OUR EXCHANGES.

TOMMASI ON THE USE OF CARBOLIC ACID IN CHEESY PNEUMONIA.—Professor Tommasi states (*Il Morgagni*, January, 1874, quoted in *Gazzetta della Cliniche*, May 19) that he has found carbolic acid very useful in cases of cheesy pneumonia which have gone on to the formation of pulmonary abscess. The medicine is administered in the form of solution (one part in forty of water, sweetened). In two years he has met with six cases, of which he relates two.

The first case was that of a boy, aged six, who had hectic, sweats, extreme emaciation, and moderate expectoration of sanguineous fetid pus. Cinchona, lactate of iron, cod-liver oil, and raw meat produced but little improvement. He now had half a gramme of the carbolic acid solution daily, the dose being increased to a gramme. At the end of a fortnight the fever ceased, the expectoration diminished and became inodorous, and in four months he was quite restored to health.

In the second case, there was abundant expectoration of inodorous pus. The usual restorative means failed; but, after the solution of carbolic acid had been given in daily doses of a gramme to a gramme and a half, the expectoration diminished, and the patient became free from hectic and regained his appetite, and his nutrition was improved. In two months the expectoration had ceased, and a respiratory murmur, though weak, could be heard in the portion of lung which had been hepatized.—*A. Henry, M.D.*, in *London Med. Record.*

APPLICATION OF AUTOPLASTY BY THE FLAP METHOD FOR THE CURE OF SALIVARY FISTULA (*The Medical Press and Circular*, August 26, 1874).—Mr. J. Morgan has found the flap autoplastic method the most successful in the treatment of salivary fistula. He illustrates his plan of procedure by the following case:

A child three years of age had suffered from abscess of cheek, followed by fistula of the parotid, just as the duct emerges from it. The opening was about the size of a very large pin-hole, with puckered edges; the quantity of secretion poured out at times was incredible, and saturated the child's clothes, giving constant annoyance. The patient had become irritable and pallid, and suffering evidently from imperfect nutrition.

For some time he tried with perseverance the application of collodion, pressure, caustics, paring the edges

and coapting them, but with imperfect results. He finally adopted the treatment by flap. A flap of skin was raised up from immediately above the fistula, the parts below and in its vicinity being also denuded. He then drew down the flap over the fistula, and attached it by points of fine suture, and coated the whole over with flexible collodion, which was renewed from day to day when required. The result was most satisfactory. After eight days the collodion was discontinued, and a perfect cure was effected. The child's condition improved incredibly in a very few weeks.

HYPODERMIC INJECTIONS OF BLOOD (*Medical Record*, September 1, 1874).—Considering the difficulties and dangers which are the obvious objections to the operation of transfusion of blood as ordinarily practised, it has occurred to Dr. Landenberger, of Stuttgart, that in many cases a fair substitute for it may be found in hypodermic injection. In one case where he has tried it the result was favorable. It was the case of a patient who was in a condition of collapse following long-continued vomiting, due to some form of obstruction of the bowels. Defibrinated calves' blood was used, and, although only eight grammes were injected, the effect was an almost immediate improvement. The patient revived, the temperature rose one degree, the pulse became again perceptible, vomiting ceased, and a certain amount of nutriment could be again retained in the stomach. This improvement lasted forty-eight hours, but was afterwards followed by collapse again. The only cases in which absorption of the injected blood will not take place are those in which the circulation is utterly depressed, as in the asphyxia of cholera, or the very last stages of phthisis, when the injection causes simply a suggillation.—*Med. Corr.-Blatt*, 20, 1874.

A SMALL ANEURISM ON THE DORSUM OF THE TONGUE (*The Lancet*, August 22, 1874).—Mr. John Gay reports the case of a lady, æt. 45, who had a pulsating tumor about a third of an inch from the tip of the tongue, and slightly to the side of the mesial line, about the size of an ordinary pea. The surface of the tongue was desquamated for some little distance around it, and the free wall of the tumor (which rose slightly above the general level) was obviously very thin. No doubt could be entertained of its being an aneurism, fed by a small artery, which could be very distinctly felt below the surface of the tongue for the space of half an inch approaching it from behind. Pressure on the artery arrested the pulsation in the tumor and emptied it. It had existed or been noticed for a period of six months. It was clearly an aneurism on an abnormally developed branch of the ranine artery. It was readily extirpated by a few strokes of the knife, and the resulting hemorrhage was easily controlled by passing one of the sutures through the supplying artery.

MISCELLANY.

PRACTICAL CREMATION.—Madame Fortmeyer, a midwife, was recently arrested in St. Louis for committing an abortion. At the investigation it was proved that Madame Fortmeyer had a unique and original method of ridding herself of all tell-tale evidence. A favorite aphorism with her was, "*Ashes tell no tales.*"

This very pleasant and amiable person indulged in the pastime of *burning* the results of conception; and it was shown at the inquest that she had *roasted* in her stove the bodies of living, breathing infants. "Surely," says the *Missouri Clinical Record*, "this intelligent lady should be rewarded for inaugurating in this country a practical demonstration of incremation; but we are afraid—notwithstanding the efforts of humane lawyers in her behalf—that she will be rewarded quite otherwise."

MEDICAL CHARITIES IN ST. LOUIS.—There are thousands and tens of thousands of people in our large cities who, if they can get medical attendance and medicines gratuitously when sick, and quarters in hospital if disabled by accident or disease, will never provide for a day ahead, but spend half their earnings at dram-shops (for the number of which St. Louis has an unenviable reputation). The more charity, the more left for whisky; and the more whisky, the more charity needed; until the city is given over to saloons and charity-institutions: one-half of the population engaged in making drunkards, and the other half working hard to take care of them.—*St. Louis Medical Journal.*

UNIVERSITY OF VIENNA.—The total number of matriculated students in the University of Vienna during the year 1873–4 was 7526; of whom 1109 were medical students in the winter session, and 1036 in the summer session. The number of new entries in the medical department was 194. Among the largest medical classes were those of Professors Brücke (885); Hyrtl (680); Bamberger (540); Billroth (509); Dumreicher (495); Rokitansky (354).

DR. EDWARD WARREN, whose rapid advancement in Egypt we have already chronicled, has very recently been promoted to the position of Surgeon-General of the Egyptian Army,—the highest medical office in the gift of the government.

DR. BUCHANAN, of bogus-diploma notoriety, was arrested, Wednesday, September 16, whilst on his way to the Eclectic College, on the charge of having caused the death of a Mrs. Isaac W. Vandegrift by an improper surgical operation.

NOTES AND QUERIES.

THE MILITARY EXPRESSION OF MEDICAL RANK.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

SIR,—I, for one, entirely concur in the views of "Rank," expressed in your issue of August 29, as to the military position of army medical officers. There is no logical reason why, at least in military circles, we should not be addressed by military titles; and frequently positive advantage would accrue. It's all very well to say,

"Rank is but the guinea's stamp,
A man's a man for a' that,"

but the fact that the guinea *is* stamped is what gives it currency and practical if not intrinsic value, and this is particularly true in the army at large.

It makes one a no better physician to be addressed as captain or colonel, but it tends, insensibly perhaps, to increase the respect of those officers and men who are taught to measure authority by position. It assists, in other words, in the assimilation into the military body; and a man who does not have the military spirit should not be in the service. Any one who feels himself an "outsider" should make an appreciable vacancy, and not remain as a round peg trying to fill a square hole. A medical officer is more than a mere doler-out of pills and powders. His highest functions are in the preventive, not curative, care of men, and he cannot exercise them without he has a lively interest in the service as such.

I think that it will be recognized by those familiar with the *personnel* of the corps, that, as a rule, the more military a medical officer is the more efficient he is. Martial tastes do not supply professional knowledge, but they develop those particular features of it that enable one to discharge well his commission. The man who shelters himself behind the petticoats of non-combatism, and who shirks his share of the general (not special) duties of garrison, is apt to be the one who, however wisely he may prescribe for the bedridden, is most frequently imposed upon by malingerers and is unfortunate in the management of his department.

Surgeon and assistant-surgeon are admitted misnomers as they are applied. If the committee that is to represent the interests of the corps before Congress this winter can get the organic law so changed that our commissions will be those of first-lieutenant, captain, and major in the medical department, a positive and practical advance will be made. For even if they fail to get the colonelcies sought, those grades will necessarily follow. There will be no reason for stopping promotion in the medical department with the majors, when the quartermasters and engineers (begging pardon of the latter for thus coupling them) are colonels. And by parity of reasoning hospital-stewards should be sergeants.

How medical directors can make assignments otherwise than at present I cannot see. If an officer's rank is to *entitle* him to a choice of posts, it will make endless confusion. My experience is that, as a rule, the directors do what is best for the good of the service with both fairness and considerateness. (But then it may be that I am lucky as well as contented.)

CAPTAIN Z.

CORONERS' INQUESTS.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

IN the number of the *Medical Times* for September 5, you declare it to be your "duty to hold up to deserved reprobation the system of loose and careless medico-legal examinations" now so prevalent in inquests by the coroner and his aids. That some one has at length had the courage or independence to call attention to the flagrant abuses of power and omissions of duty at times manifest in cases of this nature, may justly be regarded as cause of gratulation by all who desire to see an intelligent and faithful performance of what the law demands in a matter where life and property may be involved. The apathy in regard to this important subject is doubtless the result of the silence of the medical journals and the reluctance of physicians to assume, individually, a hostile attitude to an existing evil.

The remarks of the *Times* in reference to the imperfect, and, as a sequence, nearly useless examinations of the cadaver are well founded and to the point, but the subject may be presented in a somewhat different aspect. It cannot have escaped notice, at least of medical and legal gentlemen, how often the direct object in view seems to have been to force the case, either in respect to the post-mortem or the evidence taken at the moment, to assume such features as would render unnecessary any subsequent process at law. In explanation of this we do not see any other probable motive than is found in view of the loss of time, the trouble, and, perhaps, the too searching examination that might ensue, and prove anything but agreeable to those whose duty it is to discharge conscientiously an incumbent duty. Many years ago the writer was given to understand by a coroner—himself a physician—that where a case of suspicious, embarrassing character was in hand, the easiest was the best mode—that is to say, dispense, if possible, with the post-mortem. It is to be feared that the desire to receive the emoluments of office with as small an expenditure of time and labor as possible, and without incurring risk of subsequent legal process, has rather increased than diminished.

G. H.

Sept. 10, 1874.

NEWARK, N. J., Sept. 4, 1874.

A L'ÉDITEUR DU "MEDICAL TIMES":

MONSIEUR,—Dans le dernier numéro de votre excellent journal j'ai lu une discussion, extraite du *New York Medical Journal*, sur les appareils inamovibles et le plâtre de Paris, dans le traitement des fractures.

Les critiques qui y sont portées contre le plâtre de Paris ne me paraissent justifiables que par une mauvaise application, ou un mauvais procédé d'application, de cette substance. Voici comment on l'applique à l'Hôtel-Dieu de Paris.

On commence par faire la réduction, puis on recouvre le membre brisé avec une fine compresse bien huilée et faisant le moins de plis possible. On trempe dans le plâtre délayé des compresses que l'on replie ensuite de manière à en faire de véritables attelles (splints) au nombre de deux, ou trois, ou quatre, suivant le membre à entourer. Ces attelles ont toute la longueur du membre à maintenir, ou bien l'une d'elle est plus courte. On applique ces compresses quand elles sont molles et on les maintient par une bande plâtrée roulée assez serrée dans toute leur étendue. L'appareil est sec et dur dans un temps qui varie de dix minutes à demie-heure, mais on le laisse sans y toucher jusqu'au lendemain.

Le lendemain, s'il y a à craindre la gangrène, s'il y a plaie, s'il y a la moindre raison pour que l'on veuille surveiller le membre, le chirurgien coupe la bande plâtrée du haut jusqu'en bas et l'enlève.

Le membre reste alors soutenu par les attelles de plâtres, et on les fixe avec une bande ordinaire ou des bandelettes d'emplâtre adhésif.

L'appareil permet alors en enlevant une des attelles d'inspecter le membre sans le mouvoir, car il est fermement maintenu par les autres qui s'y adaptent dans toutes ses formes.

Ainsi utilisé, le plâtre de Paris conserve toutes ses qualités et y ajoute les avantages des appareils à gouttière ou des attelles en bois.

Voilà, M. l'Éditeur, les observations que m'a suggérée l'article indiqué. Je voulais vous les écrire en Anglais, mais vous avez de si capables traducteurs que je m'évite cette peine.

Votre tout dévoué et assidu lecteur,

FRENCH PHYSICIAN.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

DEAR DOCTOR,—Your effort in to-day's issue of the *Times* in behalf of the Homœopathic Hospital reminds me of a case which came under my charge recently, and which evidences the value of homœopathists as diagnosticians. A lady of refinement whom I was attending during confinement called my attention to her daughter, a bright child six years of age. The homœopathist (a prominent Arch-Street practitioner) who had formerly attended the family, upon being consulted as to the cause of the child's lameness, stated that "she had broken *the bone* of her foot, but that it would come right again." Not valuing his advice, she was referred to another practitioner on Chestnut Street, *who confirmed* the diagnosis, but stated that "the bone would have to be broken again, and set straight." Declining to receive the "surgeon's" advice as any more reliable than the "physician's," she told him so, and said that as the deformity arose gradually, she did not believe that any bone was broken, or that the child could receive a fracture without suffering from it at the time of its occurrence. She was informed that "they knew their business,"—which is doubtless true enough; but she put the case in my hands, and as the child was suffering from a well-marked case of talipes varus I did not break "the bone" over again, but, aided by one of Kolbe's shoes, I succeeded in enabling the child to walk with ease and comfort.

Yours,

W. R. D. BLACKWOOD.

Sept. 12, 1874.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

IN the *Medical Times* of August 29, 1874, Dr. James D. McGaughey gives the details of a case of infantile convulsions successfully treated by chloral hydrate after numerous other remedies had been tried without avail. On the 26th day of July, 1874, I made use of chloral in a case of convulsions occurring in a child five years of age, but it failed to give any relief. I had never heard of its being used in such cases, but thought it would prove very beneficial. I gave it a fair trial, and it failed, where chloroform acted finely.

Yours truly,

T. J. TURPIN, M.D.

FORKLAND, ALA., Sept. 9, 1874.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY, FROM SEPTEMBER 15 TO SEPTEMBER 21, 1874, INCLUSIVE.

WRIGHT, J. P., SURGEON.—Assigned to duty as Chief Medical Officer, District of New Mexico. S. O. 96, District of New Mexico, September 7, 1874.

HUNTINGTON, D. L., ASSISTANT-SURGEON.—Relieved from duty in Department of the Columbia, and, in addition to his duty as member of Medical Examining Board, to report in person to the Commanding General, Department of California, for assignment to duty. S. O. 203, A. G. O., September 6, 1874.

BROOKE, JNO., ASSISTANT-SURGEON.—Assigned to duty at Fort Cape Disappointment, W. T. S. O. 124, Department of the Columbia, September 4, 1874.

KINSMAN, J. H., ASSISTANT-SURGEON.—Leave of absence extended to November 1, 1874. S. O. 205, A. G. O., September 18, 1874.

LAUDERDALE, J. V., ASSISTANT-SURGEON.—Assigned to duty at Fort Wingate, New Mexico. S. O. 143, Department of the Missouri, September 10, 1874.

EWEN, C., ASSISTANT-SURGEON.—Granted leave of absence for twenty days from October 1, 1874, on condition that he furnish, at his own expense, a suitable substitute during his absence. S.O. 135, Department of the Gulf, September 9, 1874.

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